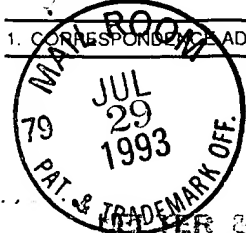


585-242  
33-56A-B

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

## 1. CORRESPONDENCE ADDRESS



WELTER & SCHMIDT  
90 SOUTH 7TH ST., STE 3100  
MINNEAPOLIS, MN 55402

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

~~MERCHANT, GOULD, SMITH, EDELL,~~  
CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/847,292

03/06/92

027

HAZARD, J

2311

04/29/93

First Named

Applicant BUCHANAN,

KEN

TITLE OF

INVENTION APPARATUS AND METHOD FOR COMPUTER-ASSISTED DOCUMENT GENERATION

ATTY'S DOCKET NO.

CLASS/SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

2

0493.10US01

364-419.000

M32

UTILITY

YES

\$585.00

07/29/93

## 3. Further correspondence to be mailed to the following:

Mr. John P. Sumner  
MERCHANT, GOULD, SMITH, EDELL, WELTER & SCHMIDT  
Suite 3100 Norwest Center  
90 South Seventh Street  
Minneapolis, MN 55402

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 MERCHANT, GOULD,

2 SMITH, EDELL, WELTER

3 &amp; SCHMIDT P.A.

070 MS 08/03/93 07847292

DO NOT USE THIS SPACE

070 MS 08/03/93 07847292

1 242

585.00 CK

070 MS 08/03/93 07847292

1 561

30.00 CK

1 561

33.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

MEDICAL DOCUMENTING SYSTEMS, INC.

(2) ADDRESS: (City &amp; State or Country)

450 North Syndicate, St. Paul, MN 55104

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Minnesota

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

## 6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies 11

(Minimum of 10)

## 6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 13-2725

(Enclose Part C)

☐ Issue Fee ☐ Advanced Order - # of Copies \_\_\_\_\_

(Minimum of 10)

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

Thomas F. Brennan

Thomas F. Brennan, Reg. #35,075

7/26/93

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE